

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**MIKE BOST FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

**MCDUGAL, NORMAN, , ,**

**A.**

Mailing Address PO BOX 101

City

ENTERPRISE

State

WV

Zip Code

26568-0101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 29 2018

Transaction ID : A31935A7D8D4449BEADE

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**MOHLER, H. SCOTT, , ,**

**B.**

Mailing Address 10 CLEMENTINA CT

City

PALM COAST

State

FL

Zip Code

32137-4563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 29 2018

Transaction ID : A5AB12450FBBF462FA9A

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LYLE, HERMAN, , ,**

**C.**

Mailing Address 6563 WARDS MILL RD

City

MARION

State

IL

Zip Code

62959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARION VA MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For: 2018

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 27 2018

Transaction ID : A0B8E1BB2115948FAB88

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1375.00